

Resources to Help Massachusetts Early Care and Education Programs Meet NAEYC Health Accreditation Criteria¹

Standard 5: NAEYC Accreditation Criteria for Health Standard

Program Standard: The program promotes the nutrition and health of children and protects children and staff from illness and injury.

Rationale:

- To benefit from education and maintain quality of life, children need to be as healthy as possible.
- Health is a state of complete physical, oral, mental, and social well-being and not merely the absence of disease or infirmity (World Health Organization 1948).
- Children depend on adults (who also are as healthy as possible) to make healthy choices for them and to teach them to make healthy choices for themselves.
- Although some degree of risk taking is desirable for learning, a quality program prevents hazardous practices and environments that are likely to result in adverse consequences for children, staff, families, or communities.

Standard 5: Health Topic Areas

- 5. A. Promoting and Protecting Children's Health and Controlling Infectious Disease
- 5. B. Ensuring Children's Nutritional Well-being
- 5. C. Maintaining a Healthful Environment

The table depicted below shows you:

- a.) **What** the NAEYC assessor will be looking for (the Standard's criterion) to determine that your program has a high--level of quality for children.
***NOTE:** NAEYC language in this document will appear in ARIAL BLACK font, while useful resources and other supplemental information will appear in ARIAL font.*
- b.) **How** the NAEYC assessor will determine that your program has a high--level of quality for children:
 - *Observe* your classroom, **classroom observation**
 - *Read* what you said about your classroom, **classroom portfolio**
 - *Walk and look* around your program and classroom, **tour**

¹ This document was adapted, with permission, from a technical assistance paper developed by Healthy Child Care Iowa (Tel: 800-383-3826 or www.idph.state.ia.us/hcci) for Iowa Shared Visions preschool programs seeking NAEYC accreditation. The materials should not be used as a substitute for the NAEYC materials and guidance. Programs seeking NAEYC accreditation should use NAEYC materials and processes to complete the accreditation process. To view the NAEYC accreditation standards and criteria, please visit <http://www.naeyc.org/accreditation>

- Ask or read what families say about your program and classroom, **family survey**
- Ask or read what other teachers and staff about your program and classroom, **teaching staff survey**
- Read what you said about your program (includes written policies, procedures), **program portfolio**
- Read the records of children, **child file**
- Read the records of staff, **staff file**

Reminder: Many of the useful reference texts, weblinks, and other resources supplied in this document may change from one year to the next. Programs should check annually for changes and other updates.

Standard 5: NAEYC Accreditation Criteria for Health Standard	Age Group	Assessment Category	How Standard and Criteria Will be Assessed
Topic Area: 5. A: Promoting and Protecting Children's Health and Controlling Infectious Disease			
<p>5. A.01 The program maintains current health record for each child:</p> <p><input type="checkbox"/> Within 6 weeks of beginning the program and as age appropriate thereafter, the child's record documents dates of health services to show that the child is current for routine screening tests and immunizations according to the schedule recommended, published in print, and posted on the Web sites of the American Academy of Pediatrics (www.aap.org), the Centers for Disease Control of the United States Public Health Service (CDC-USPHS) (www.cdc.gov), and the Academy of Family Practice (www.aafp.org).</p> <p>a. <i>Caring for Our Children</i>, American Academy of Pediatrics and the American Public Health Association, 2nd Edition, 2002, contains guidance (each guidance statement is called a Standard) about the contents of child health records. <i>Caring for Our Children</i>, is available on the internet at: http://nrc.uchsc.edu/CFOC/HTMLVersion/TOC.html The guidance on child health records is in <i>Caring for Our Children</i>, Chapter 8, Standards 8.046 and 8.048: http://nrc.uchsc.edu/CFOC/HTMLVersion/Chapter_8.html</p> <p>b. Consider using the following resources when developing child files:</p> <p>c. To identify routine screening test use Massachusetts Health Quality Partners guidelines found at the website at: http://www.mhqp.org/guidelines/pedPreventive/pedPreventive.asp?nav=041100</p> <p>d. To identify <u>required</u> immunizations, refer to these guidelines as outlined by the Massachusetts Department of Public Health Immunization program, available at: http://www.mass.gov/Eeohhs2/docs/dph/cdc/immunization/guidelines_childhood.pdf</p> <p>e. Sample physical exam forms available in <u>Appendix Z</u> of <i>Caring for Our Children</i></p> <p><input type="checkbox"/> When a child is overdue for any routine health services, parents, legal guardians, or both provide evidence of an appointment for those services before the child's entry into the program and as a condition of remaining enrolled in the program, except for any immunization for which parents are using religious exemption. <u>Child health records</u> include:</p>	<p>5. A.01</p> <p><input checked="" type="checkbox"/> Universal</p> <p><input checked="" type="checkbox"/> Infant</p> <p><input checked="" type="checkbox"/> Toddler/twos</p> <p><input checked="" type="checkbox"/> Preschool</p> <p><input checked="" type="checkbox"/> Kindergarten</p>	<p>5. A.01</p> <p><input type="checkbox"/> Required</p> <p><input checked="" type="checkbox"/> Random</p> <p><input type="checkbox"/> Emerging</p>	<p>5. A.01</p> <p><input checked="" type="checkbox"/> Child File</p>

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<p><input type="checkbox"/> Current information about any health insurance coverage required for treatment in an emergency</p> <p>a. Families whose children are without health insurance should be referred to the Commonwealth Health Insurance Connector Website at www.MAhealthconnector.org.</p> <p><input type="checkbox"/> Results of health examinations, showing up-to-date immunizations and screening tests with an indication of normal or abnormal results and any follow-up required for abnormal results</p> <p>a. The type of physical exam form used should contain all of the exam elements as listed by the American Academy of Pediatrics. (<i>examples</i>: vision and hearing screening and blood lead test results)</p> <p>b. Physical exam forms are available in Appendix Z of <i>Caring for Our Children</i>. A sample one page form, completed after the physical exam, for provider records is available at: http://www.eec.state.ma.us/docs/GCCPhysicianStatement.pdf</p> <p><input type="checkbox"/> Emergency contact information, which is kept up to date by a specified method during the year</p> <p>a. Emergency Contact cards for each child are available from the Department of Early Education and Care (EEC) and contain all required elements for emergency contact information.</p> <p>b. Children with special needs may need additional information listed in their emergency contact information that includes health specialist or critical information regarding emergency treatment or transport of the child.</p> <p>c. Child care and early education programs will need written policies regarding methods for updating emergency contact information. “<i>Model Child Care Health Policies</i>,” Pennsylvania Chapter of the American Academy of Pediatrics, Sept. 2002, 4th Edition gives guidance on writing health and safety related policies. This reference can be found online at: http://www.ecels-healthychildcarepa.org/content/MHP4thEd%20Total.pdf</p> <p>d. <i>Caring for Our Children</i> contains Standards for emergency contact information Standards 8.046, 8.047, and 8.048 at http://nrc.uchsc.edu/CFOC/HTMLVersion/Chapter_8.html</p> <p>e. <i>Caring for Our Children</i> contains Standard for writing policy and procedures and maintaining/updating policy in Chapters 3 and 8. http://nrc.uchsc.edu/CFOC/HTMLVersion/TOC.html</p> <p><input type="checkbox"/> Names of individuals authorized by the family to have access to health information about the child</p> <p>a. Child care and early education programs will need written policy regarding methods for maintaining privacy/confidentiality of child records. The policy shall include methods to release child records with parent written permission. Consult “<i>Model Child Care Health Policies</i>”</p> <p>b. Programs should have forms available for parents to sign allowing for release of child records. The form shall at a minimum contain the following information:</p> <ol style="list-style-type: none"> 1. child identification information of name, birth date 2. parent information of name, address, telephone number 3. purpose for the release of the child record 			

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<p>4. to whom the child's record may be released</p> <p>5. any limitations to the release</p> <p>c. <i>Caring for Our Children</i> has information on authorization to release child information in Chapter 8, in the section confidentiality and access to records. http://nrc.uchsc.edu/CFOC/HTMLVersion/Chapter_8.html</p> <p><input type="checkbox"/> Instructions for any of the child's special health needs such as allergies or chronic illness (e.g., asthma, hearing or vision impairments, feeding needs, neuromuscular conditions, urinary or other ongoing health problems, seizures, diabetes)</p> <p><i>Note: EEC is proposing a regulation that would require that programs work with families and health professionals to develop and implement an Individualized Health Care Plan for children with chronic illnesses.</i></p> <p>a. Children suspected of having a special health need should be referred (with parent permission) to a health-care professional or to the Community Support Line for Children with Special Health Care Needs: 1-800-882-1435.</p> <p>b. Children (under 3) suspected of having developmental or learning needs should be referred (with parent permission) to the Early Intervention Program at the Department of Public Health: (617) 624-5989.</p> <p>c. To develop special health needs daily care and emergency plans, contact your program's child care health consultant. This form may be helpful to use in collaboration with your child care health consultant: http://www.acep.org/patients.aspx?id=26276</p> <p>d. If you do not have a child care health consultant or other health professional providing consultation to your program, you can try these resources: To access a local Visiting Nurses Association go to www.vnaa.org, to access a local school nurse go to www.msno.org, to access nursing school faculty go to www.allnursingschools.com/find/ma, pediatric nurse practitioners at http://www.napnap.org/index_home.cfm, pediatricians at www.mcaap.org, family physicians at www.massafp.org. For additional assistance, contact local boards of health, community hospitals or the Department of Early Education and Care at www.eec.state.ma.us or Child Care Resource and Referral Agencies: http://www.eec.state.ma.us/kr_resource.aspx</p> <p>e. <i>Caring for Our Children</i>, Chapter 7 http://nrc.uchsc.edu/CFOC/HTMLVersion/Chapter_7.html contains guidance for including child with special health or developmental needs into child care and early education programs</p> <p><input type="checkbox"/> Supporting evidence for cases in which a child is under-immunized because of a medical condition (documented by a licensed health professional) or the family's beliefs.</p> <p><input type="checkbox"/> Staff implements a plan to exclude the child promptly if a vaccine-preventable disease to which children are susceptible occurs in the program.</p>			

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<p>a. Consult “<i>Model Child Care Health Policies</i>”</p> <p>b. <i>Caring for Our Children</i>, Chapter 3, http://nrc.uchsc.edu/CFOC/HTMLVersion/Chapter_3.html contains immunization guidance for under-immunized children.</p> <p>c. Child care and early education programs shall follow the recommendations of their local Board of Health or the Massachusetts Department of Public Health when excluding children due to a communicable disease outbreak. The local Boards of Health and the Massachusetts Department of Public Health have legal authority to recommend excluding under-immunized or non-immunized children in the event of a communicable disease outbreak. Questions about excluding under-immunized or non-immunized children in the event of a communicable disease outbreak may be directed to the MDPH Division of Epidemiology and Immunization at: (617) 983-6800.</p>			
<p>5. A.02 The program has and implements a written agreement with a health consultant who is a licensed pediatric health professional or a health professional with specific training in health consultation for early childhood programs</p> <p>a. <i>Caring for Our Children</i>, Chapter 1, contains a section on Health Consultants, http://nrc.uchsc.edu/CFOC/HTMLVersion/Chapter_1.html#1069192</p> <p>b. The CCHC may ask your program to sign a Health Care Consultant Agreement document. A sample Health Care Consultant Agreement is available at: http://www.eec.state.ma.us/docs/HealthCareConsultantAgreement.pdf</p> <p>Once the document is signed, the program and the CCHC will each have a copy of the signed document. The program may use the Health Care Consultant Agreement to verify the program has an agreement with a health consultant.</p> <p><input type="checkbox"/> The health consultant visits at least two times a year and as needed. Where infants and toddlers/twos are in care, the health consultant visits the program at least four times a year and as needed.</p> <p>a. Programs may schedule and document regular on-site visits with the CCHC.</p> <p><input type="checkbox"/> Health consultant observes practices and reviews and makes recommendations about program practices and written health policies to ensure health promotion and prevention of infection and injury</p> <p>a. Assessment instruments are available for CCHCs to evaluate health and safety of the program. Specific tools and assessments that may be conducted include:</p> <ul style="list-style-type: none"> • health and safety survey • injury prevention checklist • child record review including immunization • health and safety assessment • quality improvement plan • notice of urgent need <p>b. If CCHCs need information or access to these tools, please contact Bryce McClamroch at 617-</p>	<p>5. A.02</p> <p><input checked="" type="checkbox"/> Universal</p> <p><input checked="" type="checkbox"/> Infant</p> <p><input checked="" type="checkbox"/> Toddler/twos</p> <p><input checked="" type="checkbox"/> Preschool</p> <p><input checked="" type="checkbox"/> Kindergarten</p>	<p>5. A.02</p> <p><input type="checkbox"/> Required</p> <p><input type="checkbox"/> Random</p> <p><input checked="" type="checkbox"/> Emerging</p>	<p>5. A.02</p> <p><input checked="" type="checkbox"/> Program Portfolio</p>

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<p>624-5442 or Bryce.McClamroch@massmail.state.ma.us</p> <p><input type="checkbox"/> Health consultation addresses physical, nutritional, and oral health, consultations includes care and exclusion of ill children</p> <p>a. The CCHC may conduct a child record review looking at the health and enrollment records of children.</p> <p>b. The Department of Early Education and Care (EEC) reviews the health and enrollment records of children enrolled in <i>licensed</i> child care programs. Programs that are not licensed or registered with EEC will require written policy and potentially parent permission regarding a CCHC viewing child records.</p> <p><input type="checkbox"/> Program participates in the CACFP program OR has a registered/licensed dietitian or pediatric public health nutritionist review menus at least two times per year (the terms used for dietitians in Massachusetts are registered or licensed dietitian).</p> <p>a. Programs enrolled in the CACFP complete a process where menus are reviewed and approved. If your program belongs to the Child and Adult Care Food Program (CACFP) you have met this criteria. If you are interested in enrolling in the CACFP program, please contact the Child Nutrition Program at the Department of Elementary and Secondary Education: 781-338-6479.</p> <p><input type="checkbox"/> Dietitian evaluates menus (for nutritional content, portion size, nationally recommended limits on juice, sugar, sodium and saturated fats); evaluates food service operations, special feeding needs to be met by the program, and procedures used for food brought from home</p> <ul style="list-style-type: none"> • Registered dietitian services are usually available at some cost. Programs may locate registered/ licensed dietitian on the Massachusetts Dietetic Association website: http://www.eatrightma.org/ • select Find a Dietitian and you will be forwarded to the American Dietetics Association webpage for finding a nutrition professional. <p><input type="checkbox"/> Program documents compliance and implements corrections according to recommendation of the consultant(s)</p> <p>a. Child care or early education programs may want to request documentation of menu recommendations from the registered dietitian</p> <p>b. The child care or early education program may also want to request documentation of recommendations for children with special dietary or feeding needs.</p> <p>c. Programs should consider referring low income families to the Massachusetts Special Supplemental Nutrition Program for Women, Infants and Children (WIC program). Information about a WIC program located near your program is available by calling 800-369-2229. A map of Massachusetts WIC programs is available on the WIC webpage located at the MA Department of Public Health website.</p>			
5.A. 03 At least one staff member who has a certificate showing satisfactory	5.A. 03	5.A. 03	5.A. 03

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<p>completion of pediatric first-aid -- including management of blocked airway and providing rescue breathing for children – is always present with each group of children</p> <p><input type="checkbox"/> When the program includes swimming and wading and when a child in the group has a special health condition that might require cardiopulmonary resuscitation (CPR), one staff person who has successfully completed CPR training is present at all times. Staff without first aid or CPR training certificates should complete an approved course.</p> <p><i>Note: EEC regs state that all program staff must annually complete first aid and CPR courses that have been approved by the program's health consultant.</i></p>	<input checked="" type="checkbox"/> Universal <input checked="" type="checkbox"/> Infant <input checked="" type="checkbox"/> Toddler/twos <input checked="" type="checkbox"/> Preschool <input checked="" type="checkbox"/> Kindergarten	<input checked="" type="checkbox"/> Required <input type="checkbox"/> Random <input type="checkbox"/> Emerging	<input checked="" type="checkbox"/> Teaching Staff Survey <input checked="" type="checkbox"/> Program Portfolio <input checked="" type="checkbox"/> Staff File
<p>5.A.04 The program follows these practices in the event of illness:</p> <p><input type="checkbox"/> If an illness prevents the child from participating comfortably in activities or creates a greater need for care than the staff can provide without compromising the health and safety of other children or if a child's condition is suspected to be contagious and requires exclusion as identified by public health authorities, then the child is made comfortable in a location where she or he is supervised by a familiar caregiver. If the child is suspected of having a contagious disease, then until she or he can be picked up by the family, the child is located where new individuals will not be exposed.</p> <p>a. Programs may consult with a child care health consultant in the development of written policy addressing exclusion of children for illness.</p> <p>b. <i>Caring For Our Children</i>, addresses excluding children from child care or early education programs due to illness. Chapter 3, has a section on Inclusion/Exclusion/Dismissal of Ill Children, http://nrc.uchsc.edu/CFOC/HTMLVersion/Chapter_3.html, specifically note STANDARD 3.065 through STANDARD 3.068.</p> <p>c. Programs may contact the MDPH Division of Epidemiology and Immunization for assistance in developing written policy regarding infectious diseases that require exclusion.</p> <p>d. Programs may contact EEC with specific questions about exclusion policy.</p> <p>c. Programs operating before/after usual business hours may contact the MDPH Division of Epidemiology and Immunization to access a 24/7 on-call epidemiologist</p> <p>e. Some communicable disease must be reported to the local Board of Health—who then reports the disease to the Massachusetts Department of Public Health. A list of reportable diseases is available for viewing at http://www.mass.gov/dph/cdc/surveillance/rptbldiseases_lboh.pdf</p> <p><input type="checkbox"/> Program immediately notifies parent, legal guardian or other person authorized by the parent when a child has any sign/symptom that requires</p>	<p>5.A.04</p> <input checked="" type="checkbox"/> Universal <input checked="" type="checkbox"/> Infant <input checked="" type="checkbox"/> Toddler/twos <input checked="" type="checkbox"/> Preschool <input checked="" type="checkbox"/> Kindergarten	<p>5.A.04</p> <input type="checkbox"/> Required <input checked="" type="checkbox"/> Random <input type="checkbox"/> Emerging	<p>5.A.04</p> <input checked="" type="checkbox"/> Teaching Staff Survey <input checked="" type="checkbox"/> Program Portfolio

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<p>exclusion from the program</p> <p>a. It may be helpful for programs to have a parent notification process and conditions that warrant parent notification included in written policy.</p> <p>b. Licensed or registered child care or early education programs are required to post a public notice when an episode of a communicable disease is diagnosed in a child who is attending the program.</p> <p><input type="checkbox"/> Program that allows ill child or staff person to remain in the program implements plans that have been reviewed by the health consultant, which address the following:</p> <ol style="list-style-type: none"> 1. What level and types of illness require exclusion 2. How care is provided for those who are ill but who are not excluded 3. When it is necessary to require consultation and documentation from health provider for an ill child or staff member <p>b. Programs that just occasionally provide care while waiting for a child's parent to arrive may want to have a written policy that clearly defines the types of care the program will offer.</p> <p><i>Caring for Our Children</i> . http://nrc.uchsc.edu/CFOC/HTMLVersion/TOC.html contains information to guide program when developing policy/program. Review Chapter 3, section 3.6 Management of Illness beginning with STANDARD 3.064.</p> <p>c. Program may also use the reference <i>Model Child Care Health Policies</i></p>			
<p>5.A.05 Staff and teachers provide information to families verbally and in writing about any unusual level or type of communicable disease to which their child was exposed, signs and symptoms of the disease, mode of transmission, period of communicability, and control measures that are being implemented at the program and that families should implement at home.</p> <p>a. Consult with the child care health consultant about providing this information to families. Fact sheets for posting of communicable diseases can also be accessed at the Department of Public Health website: http://www.mass.gov/dph/cdc/factsheets/factsheets.htm</p> <p><input type="checkbox"/> The program has documentation that it has cooperative arrangements with local health authorities and has, at least annually, made contact with those authorities to keep current on relevant health information and to arrange for obtaining advice when outbreaks of communicable disease occur.</p> <p>a. A list of Local Health Authorities can be found at: http://www.mhoa.com/roster.htm</p>	<p>5.A.05</p> <p><input checked="" type="checkbox"/> Universal</p> <p><input checked="" type="checkbox"/> Infant</p> <p><input checked="" type="checkbox"/> Toddler/twos</p> <p><input checked="" type="checkbox"/> Preschool</p> <p><input checked="" type="checkbox"/> Kindergarten</p>	<p>5.A.05</p> <p><input type="checkbox"/> Required</p> <p><input checked="" type="checkbox"/> Random</p> <p><input type="checkbox"/> Emerging</p>	<p>5.A.05</p> <p><input checked="" type="checkbox"/> Family Survey</p> <p><input checked="" type="checkbox"/> Program Portfolio</p>
<p>5.A.06 Children of all ages have daily opportunity for outdoor play (when weather, air quality, or environmental safety conditions do not pose health risk).</p> <p>a. Programs may want to use the Child Care Weather Watch poster from Healthy Child Care Iowa viewable at the HCCI webpage: http://www.idph.state.ia.us/hcci/products.asp</p>	<p>5.A.06</p> <p><input checked="" type="checkbox"/> Universal</p> <p><input checked="" type="checkbox"/> Infant</p> <p><input checked="" type="checkbox"/> Toddler/twos</p> <p><input checked="" type="checkbox"/> Preschool</p>	<p>5.A.06</p> <p><input type="checkbox"/> Required</p> <p><input checked="" type="checkbox"/> Random</p> <p><input type="checkbox"/> Emerging</p>	<p>5.A.06</p> <p><input checked="" type="checkbox"/> Tour</p> <p><input checked="" type="checkbox"/> Teaching Staff Survey</p>

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<p>b. The MA Department of Environmental Protection website has information on air quality: http://www.mass.gov/dep/air/airquali.htm</p> <p><input type="checkbox"/> When outdoor opportunities for large-motor activities are not possible because of conditions, the program provides similar activities inside.</p> <p><input type="checkbox"/> Indoor equipment for large-motor activities meets national safety standards and is supervised at the same level as outdoor equipment.</p> <p>a. Use the National Program for Playground Safety website http://www.uni.edu/playground/ and the “Handbook for Public Playground Safety” from the Consumer Product Safety Commission, Pub. No. 329, available free at http://www.cpsc.gov/cpscpub/pubs/325.pdf</p>	<input checked="" type="checkbox"/> Kindergarten		
<p>5.A.07 To protect against cold, heat, sun injury, and insect-borne disease, the program ensures that:</p> <p><input type="checkbox"/> Children wear clothing that is dry and layered for warmth in cold weather</p> <p><input type="checkbox"/> Children have the opportunity to play in the shade</p> <p><input type="checkbox"/> When in the sun, they wear sun-protective clothing, apply skin protection or both. Applied skin protection will be either sunscreen or sun block with UVB and UVA protection of SPF 15 or higher—that is applied to exposed skin (only with written permission of the parent).</p> <p><input type="checkbox"/> Use insect repellents when public health authorities recommend use. Only repellents that contain DEET are used. Insect repellent should be used only on children older than 2 years/age, with the written permission of the parent.</p> <p><input type="checkbox"/> When public health authorities recommend use of insect repellants due to high risk of insect-borne disease, only repellants containing DEET are used, and there are applies only on children older than two months.</p> <p><input type="checkbox"/> Staff applies insect repellent no more than once a day and only with parental permission</p> <p>a. Use the Insect Repellent fact sheet at the Department of Public Health website: http://www.mass.gov/dph/cdc/factsheets/mosquito_repellents.pdf</p>	<p>5.A.07</p> <p><input checked="" type="checkbox"/> Universal</p> <p><input checked="" type="checkbox"/> Infant</p> <p><input checked="" type="checkbox"/> Toddler/twos</p> <p><input checked="" type="checkbox"/> Preschool</p> <p><input checked="" type="checkbox"/> Kindergarten</p>	<p>5.A.07</p> <p><input type="checkbox"/> Required</p> <p><input checked="" type="checkbox"/> Random</p> <p><input type="checkbox"/> Emerging</p>	<p>5.A.07</p> <p><input checked="" type="checkbox"/> Program Portfolio</p> <p><input checked="" type="checkbox"/> Child File</p>
<p>5.A.08 For children who are unable to use the toilet consistently the program makes sure that:</p> <p><input type="checkbox"/> Staff use only commercially available disposable diapers or pull-ups unless the child has a medical reason that does not permit their use (the health provider documents the medical reason).</p> <p><input type="checkbox"/> For children who require cloth diapers, the diaper has an absorbent inner</p>	<p>5.A.08</p> <p><input checked="" type="checkbox"/> Universal</p> <p><input checked="" type="checkbox"/> Infant</p> <p><input checked="" type="checkbox"/> Toddler/twos</p> <p><input checked="" type="checkbox"/> Preschool</p> <p><input checked="" type="checkbox"/> Kindergarten</p>	<p>5.A.08</p> <p><input type="checkbox"/> Required</p> <p><input checked="" type="checkbox"/> Random</p> <p><input checked="" type="checkbox"/> Emerging</p>	<p>5.A.08</p> <p><input checked="" type="checkbox"/> Classroom Observation</p> <p><input checked="" type="checkbox"/> Tour</p> <p><input checked="" type="checkbox"/> Program Portfolio</p>

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<p>lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine. Both the diaper and the outer covering are changed as a unit.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cloth diapers and clothing that are soiled by urine or feces are immediately placed in a plastic bag (without rinsing or avoidable handling) and sent home that day for laundering. <input type="checkbox"/> Staff check children for signs that diapers or pull-ups are wet or contain feces (a) at least every two hours when children are awake and (b) when children awaken. <input type="checkbox"/> Diapers are changed when wet or soiled. <input type="checkbox"/> Staff change children's diapers or soiled underwear in the designated changing areas and not elsewhere in the facility. <input type="checkbox"/> Each changing area is separated by a partial wall or is located at least three feet from other areas that children use and is used exclusively for one designated group of children. For kindergartners, the program may use an underclothing changing area designated for and used only by this age group. <i>(This indicator is an Emerging Practice.)</i> <input type="checkbox"/> At all times, caregivers have a hand on the child when the child is being changed on an elevated surface. <input type="checkbox"/> At the changing area, staff post and follow changing procedures (as outlined in the Cleaning and Sanitation Frequency Table) [Found in <i>Caring for Our Children</i>; pg. 106]. These procedures are used to evaluate teaching staff who change diapers. <input type="checkbox"/> Surfaces used for changing and on which changing materials are placed are not used for other purposes, including temporary placement of other objects, and especially not for any object involved with food or feeding. <input type="checkbox"/> Containers that hold soiled diapers and diapering materials have a lid that opens and closes tightly by using a hands-free device (e.g., a step can). <input type="checkbox"/> Containers are kept closed and are not accessible to children. <input type="checkbox"/> Staff members whose primary function is preparing food do not change diapers until their food preparation duties are completed for the day. <p>a. Diapering posters are available for sale at the NAEYC website: http://sales.naeyc.org/default.aspx?Category=CPoster</p> <p>b. Program may ask their child care health consultant or other health professional for assistance in</p>			

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writing or reviewing policies and procedures on toileting and diapering and review <i>Caring for Our Children</i> Section 3.2 (pg.91).			
<p>5.A.09 The program follows these practices regarding hand washing:</p> <p><input type="checkbox"/> Staff members and those children who are developmentally able to learn personal hygiene are taught hand-washing procedures and are periodically monitored.</p> <p><input type="checkbox"/> Hand washing is required by all staff, volunteers, and children when hand washing would reduce the risk of transmission of infectious diseases to themselves and to others.</p> <p><input type="checkbox"/> Staff assists children with hand washing as needed to successfully complete the task. Children wash either independently or with staff assistance.</p> <p><input type="checkbox"/> Children and adults wash their hands</p> <ol style="list-style-type: none"> 1. on arrival for the day; 2. after diapering or using the toilet (use of wet wipes is acceptable for infants); 3. after handling body fluids (e.g., blowing or wiping a nose, coughing on a hand, or touching any mucus, blood, or vomit); 4. before meals and snacks, before preparing or serving food, or after handling any raw food that requires cooking (e.g., meat, eggs, poultry); 5. after playing in water that is shared by two or more people; 6. after handling pets and other animals or any materials such as sand, dirt, or surfaces that might be contaminated by contact with animals; and 7. when moving from one group to another (e.g., visiting) that involves contact with infants and toddlers/twos. <p><input type="checkbox"/> Adults also wash their hands</p> <ol style="list-style-type: none"> 1. before and after feeding a child; 2. before and after administering medication; 3. after assisting a child with toileting; and 4. after handling garbage or cleaning. <p><input type="checkbox"/> Proper hand-washing procedures are followed by adults and children and include</p> <ul style="list-style-type: none"> • using liquid or foaming soap and running water • water temperature should be between 60-120 degrees F. • rubbing hands vigorously for at least 10 seconds, including back of 	<p>5.A.09</p> <p><input checked="" type="checkbox"/> Universal</p> <p><input checked="" type="checkbox"/> Infant</p> <p><input checked="" type="checkbox"/> Toddler/twos</p> <p><input checked="" type="checkbox"/> Preschool</p> <p><input checked="" type="checkbox"/> Kindergarten</p>	<p>5.A.09</p> <p><input type="checkbox"/> Required</p> <p><input checked="" type="checkbox"/> Random</p> <p><input type="checkbox"/> Emerging</p>	<p>5.A.09</p> <p><input checked="" type="checkbox"/> Classroom Observation</p> <p><input checked="" type="checkbox"/> Program Portfolio</p>

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<p>hands, wrists, between fingers, under and around any jewelry, and under fingernails; rinsing well; drying hands with a paper towel, a single-use towel, or a dryer; and avoiding touching the faucet with just-washed hands (e.g., by using a paper towel to turn off water).</p> <p><input type="checkbox"/> Except when handling blood or body fluids that might contain blood (when wearing gloves is required), wearing gloves is not a substitute for hand washing in any required hand-washing situation listed above.</p> <ul style="list-style-type: none"> • Staff wear gloves when contamination with blood may occur. • Staff do not use hand-washing sinks for bathing children or for removing smeared fecal material. • In situations where sinks are used for both food preparation and other purposes, staff clean and sanitize the sinks <u>before</u> using them to prepare food. <p>[The use of alcohol-based hand sanitizers instead of hand washing is not recommended for early education and child care settings. These products are used only when a sink and running water are not available (fieldtrips, playgrounds, in vehicles). Since the alcohol-based hand sanitizers are toxic and flammable, they must be stored and used according to the manufacturer's instructions.]</p> <p>a. Use guidance from “<i>Model Child Care Health Policies</i>.” pg. 19 for policy development</p> <p>b. Use “<i>Caring for Our Children</i> Standards”: for policy guidance. http://nrc.uchsc.edu/CFOC/index.html Handwashing, STANDARD 3.020 through STANDARD 3.024;</p> <p>c. Handwashing posters are available at: http://www.mass.gov/dph/cdc/handwashing/hw.htm#general</p> <p>d. Posters are also available for sale on the NAEYC website: http://sales.naeyc.org/default.aspx?Category=CPoster</p>			
<p>5.A.10 Precautions are taken to ensure that communal water-play does not spread infectious disease.</p> <p>a. Programs may use <i>Caring for Our Children</i>, http://nrc.uchsc.edu/CFOC/HTMLVersion/Chapter_5.html Standard 5.091 when writing policy or procedures.</p> <p><input type="checkbox"/> Program shall assure no child drinks the water.</p> <p><input type="checkbox"/> Children with sores on their hands shall not be permitted to participate in communal water-play.</p>	<p>5.A.10</p> <p><input checked="" type="checkbox"/> Universal</p> <p><input checked="" type="checkbox"/> Infant</p> <p><input checked="" type="checkbox"/> Toddler/twos</p> <p><input checked="" type="checkbox"/> Preschool</p> <p><input checked="" type="checkbox"/> Kindergarten</p>	<p>5.A.10</p> <p><input type="checkbox"/> Required</p> <p><input type="checkbox"/> Random</p> <p><input checked="" type="checkbox"/> Emerging</p>	<p>5.A.10</p> <p><input checked="" type="checkbox"/> Classroom Observation</p> <p><input checked="" type="checkbox"/> Program Portfolio</p>

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<p>b. Consult <i>Caring for Our Children</i>, http://nrc.uchsc.edu/CFOC/HTMLVersion/Chapter_3.html Standards: 3.001 and 3.002 to identify child with open wounds/sores on hands</p> <p><input type="checkbox"/> Fresh potable water is used for water-play, and the water is changed before a new group of children comes to participate in the water-play activity.</p> <p><input type="checkbox"/> When the activity period is completed with each group of children, the water is drained.</p> <p><input type="checkbox"/> Alternately, fresh potable water flows freely through the water play table and out through a drain in the table. (<i>This criterion is an Emerging Practice.</i>)</p>			
<p>5.A.11 Safeguards are used with all medications for children:</p> <p>a. Use references <i>Model Child Care Health Policies</i> page 7. Use <i>Caring for Our Children</i> http://nrc.uchsc.edu/CFOC/HTMLVersion/Chapter_3.html Standards: 3.081, 3.082, and 3.083.</p> <p><input type="checkbox"/> Staff handling medication should have evidence of training</p> <p><input type="checkbox"/> The child's record includes instructions from the licensed health provider who has prescribed or recommended medication for that child; alternatively, the licensed health provider's office may give instructions by telephone to the program staff.</p> <p>a. Programs without medication record form may use Medication Report forms available from the Department of Early Education and Care website: http://www.eec.state.ma.us/docs/GCCSACCMedicationAdministrationRecord.pdf</p> <p>b. Additional forms are also available in <i>Caring for Our Children</i>.</p> <p><input type="checkbox"/> Any administrator or teaching staff who administers medication has specific training AND a written performance evaluation updated annually by a health professional on the practice of the five right practices of medication administration:</p> <ol style="list-style-type: none"> 1. verifying that the right child receives the medication 2. right medication 3. in the right dose 4. at the right time 5. by the right method with documentation of each right each time the medication is given. <p><input type="checkbox"/> The person giving the medication signs documentation of items (1) through (5) above.</p> <p><input type="checkbox"/> Teaching staff who are required to administer special medical procedures have demonstrated to a health professional that they are competent in the</p>	<p>5.A.11</p> <p><input checked="" type="checkbox"/> Universal</p> <p><input checked="" type="checkbox"/> Infant</p> <p><input checked="" type="checkbox"/> Toddler/twos</p> <p><input checked="" type="checkbox"/> Preschool</p> <p><input checked="" type="checkbox"/> Kindergarten</p>	<p>5.A.11</p> <p><input type="checkbox"/> Required</p> <p><input checked="" type="checkbox"/> Random</p> <p><input type="checkbox"/> Emerging</p>	<p>5.A.11</p> <p><input checked="" type="checkbox"/> Teaching Staff Survey</p> <p><input checked="" type="checkbox"/> Program Portfolio</p> <p><input checked="" type="checkbox"/> Child File</p>

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<p>procedures and are guided in writing about how to perform the procedure by the prescribing health care provider.</p> <p><input type="checkbox"/> Medications are labeled with the child's first and last names, the date that either the prescription was filled or the recommendation was obtained from the child's licensed health care provider, the name of the licensed health care provider, the expiration date of the medication or the period of use of the medication, the manufacturer's instructions or the original prescription label that details the name and strength of the medication, and instructions on how to administer and store it.</p> <p><input type="checkbox"/> All medications are kept in a locked container.</p>			
<p>5.A.12 To reduce the risk of Sudden Infant Death Syndrome (SIDS):</p> <p><input type="checkbox"/> Infants, unless otherwise ordered by a physician, are placed on their backs to sleep on a firm surface manufactured for sale as infant sleeping equipment that meets the standards of the United States Consumer Product Safety Commission. (<i>This indicator is required of all programs with infants.</i>)</p> <p>a. Use <i>Reducing the Risk of Sudden Infant Death Syndrome</i>, applicable Standards from Caring for Our Children, Second Edition --http://nrc.uchsc.edu/SPINOFF/SIDS/Title.html STANDARD 3.008 addresses sleep position. Infant sleep equipment is covered in STANDARD 5.146.</p> <p><input type="checkbox"/> Pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items are not allowed in cribs or rest equipment for Infants younger than eight months.</p> <p><input type="checkbox"/> If a blanket is used, the infant is placed at the foot of the crib with a thin blanket tucked around the crib mattress, reaching only as far as the infant's chest.</p> <p><input type="checkbox"/> The infant's head remains uncovered during sleep. After being placed down for sleep on their backs, infants may then be allowed to assume any comfortable sleep position when they can easily turn themselves from the back position.</p> <p>a. Staff may contact these programs for information on training: Massachusetts Center for SIDS http://www.bmc.org/pediatrics/special/SIDS/index.htm (617) 414- 7437, National Sudden Infant Death Resource Center http://www.sidscenter.org/ and National Institute of Child Health and Development http://www.nichd.nih.gov/sids/. Also see: http://www.eec.state.ma.us/HealthAndSafety.aspx</p>	<p>5.A.12</p> <p><input type="checkbox"/> Universal</p> <p><input checked="" type="checkbox"/> Infant</p> <p><input type="checkbox"/> Toddler/twos</p> <p><input type="checkbox"/> Preschool</p> <p><input type="checkbox"/> Kindergarten</p>	<p>5.A.12</p> <p><input checked="" type="checkbox"/> Required for programs serving infants</p> <p><input type="checkbox"/> Random</p> <p><input type="checkbox"/> Emerging</p>	<p>5.A.12</p> <p><input checked="" type="checkbox"/> Classroom Observation</p> <p><input checked="" type="checkbox"/> Program Portfolio</p>

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<p>5.A.13 After each feeding, infant's teeth and gums are wiped with a disposable tissue (or clean soft cloth used only for one child and laundered daily) to remove liquid that coats the teeth and gums. a. Use <i>Caring for Our Children</i>, Standard 3.010, pages 89-90; STANDARD 5.095, page 227.</p>	<p>5.A.13 <input type="checkbox"/> Universal <input checked="" type="checkbox"/> Infant <input type="checkbox"/> Toddler/twos <input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten</p>	<p>5.A.13 <input type="checkbox"/> Required <input type="checkbox"/> Random <input checked="" type="checkbox"/> Emerging</p>	<p>5.A.13 <input checked="" type="checkbox"/> Classroom Observation</p>
<p>5.A.14 <input type="checkbox"/> Infants unable to sit are held for bottle-feeding. All others sit or are held to be fed. a. Use <i>Caring for Our Children</i>, Standard 2.011 on page 53. Infant general feeding Standards 4.011-4.021, page 155-162. <input type="checkbox"/> Infants and toddlers/twos do not have bottles while in a crib or bed and do not eat from propped bottles at any time. <input type="checkbox"/> Toddlers/twos do not carry bottles, sippy cups, or regular cups with them while crawling or walking. Toddler feeding is described in <i>Caring for Our Children</i>, Standard 4.022-4.024, page 162-163. <input type="checkbox"/> Teaching staff offer children fluids from a cup as soon as the families and teachers decide together that a child is developmentally ready to use a cup.</p>	<p>5.A.14 <input type="checkbox"/> Universal <input checked="" type="checkbox"/> Infant <input checked="" type="checkbox"/> Toddler/twos <input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten</p>	<p>5.A.14 <input type="checkbox"/> Required <input checked="" type="checkbox"/> Random <input type="checkbox"/> Emerging</p>	<p>5.A.14 <input checked="" type="checkbox"/> Classroom Observation</p>
<p>5.A.15 <input type="checkbox"/> Infants and toddlers/twos do not have access to large buckets that contain liquid. a. <i>Caring for Our Children</i>, see items relating to buckets, pages 110 , 113 , 268-269 STANDARD 3.045 page 112</p>	<p>5.A.15 <input type="checkbox"/> Universal <input checked="" type="checkbox"/> Infant <input checked="" type="checkbox"/> Toddler/twos <input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten</p>	<p>5.A.15 <input type="checkbox"/> Required <input checked="" type="checkbox"/> Random <input type="checkbox"/> Emerging</p>	<p>5.A.15 <input checked="" type="checkbox"/> Tour</p>
<p>5.A.16 At least once daily in a program where children older than one year receive two or more meals, teaching staff provide an opportunity for tooth brushing and gum cleaning to remove food and plaque. (The use of toothpaste is not required.) a. Use <i>Caring for Our Children</i>, http://nrc.uchsc.edu/CFOC/HTMLVersion/Chapter_3.html - Standard 3.010</p>	<p>5.A.16 <input type="checkbox"/> Universal <input type="checkbox"/> Infant <input checked="" type="checkbox"/> Toddler/twos <input checked="" type="checkbox"/> Preschool <input checked="" type="checkbox"/> Kindergarten</p>	<p>5.A.16 <input type="checkbox"/> Required <input checked="" type="checkbox"/> Random <input type="checkbox"/> Emerging</p>	<p>5.A.16 <input checked="" type="checkbox"/> Classroom Observation <input checked="" type="checkbox"/> Program Portfolio</p>
Topic Area: 5.B: Ensuring Children's Nutritional Well-being			
<p>5.B.01 If the program provides food for meals and snacks (whether catered or prepared on-site), the food is prepared, served, and stored in accordance with the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) guidelines. http://www.fns.usda.gov/cnd/Care a. Enroll program in the CACFP; most programs are eligible for the CACFP program. For</p>	<p>5.B.01 <input checked="" type="checkbox"/> Universal <input checked="" type="checkbox"/> Infant <input checked="" type="checkbox"/> Toddler/twos <input checked="" type="checkbox"/> Preschool <input checked="" type="checkbox"/> Kindergarten</p>	<p>5.B.01 <input type="checkbox"/> Required <input checked="" type="checkbox"/> Random <input type="checkbox"/> Emerging</p>	<p>5.B.01 <input checked="" type="checkbox"/> Program Portfolio</p>

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<p>questions about Massachusetts' program contact: School Nutrition, Safety and Climate Program, Massachusetts Department of Elementary and Secondary Education, 350 Main St., Malden, MA 02148, Telephone: 781-338-6479 or Fax: 781-338-3399</p> <p>b. Programs may want to write policy and develop procedures around meals and food preparation using references, <i>Model Child Care Health Policies</i>, pages 20-25 and <i>Caring for Our Children</i>, http://nrc.uchsc.edu/CFOC/HTMLVersion/Chapter_4.html</p>			
<p>5.B.02 Staff take steps to ensure the safety of food brought from home:</p> <p><input type="checkbox"/> The program works with families to ensure that foods brought from home meet the USDA's CACFP food guidelines.</p> <p>a. Use <i>Caring for Our Children</i>, Chapter 4, Section 4.6 Food Brought From Home 169, beginning with Standard 4.040</p> <p><input type="checkbox"/> All foods and beverages brought from home are labeled with the child's name and the date.</p> <p><input type="checkbox"/> Staff makes sure that food requiring refrigeration stays cold until served.</p> <p><input type="checkbox"/> Food is provided to supplement food brought from home if necessary.</p> <p><input type="checkbox"/> Food that comes from home for sharing among the children must be either whole fruits or commercially prepared packaged foods in factory-sealed containers. (<i>This indicator is an Emerging Practice.</i>)</p>	<p>5.B.02</p> <p><input checked="" type="checkbox"/> Universal</p> <p><input checked="" type="checkbox"/> Infant</p> <p><input checked="" type="checkbox"/> Toddler/twos</p> <p><input checked="" type="checkbox"/> Preschool</p> <p><input checked="" type="checkbox"/> Kindergarten</p>	<p>5.B.02</p> <p><input type="checkbox"/> Required</p> <p><input checked="" type="checkbox"/> Random</p> <p><input checked="" type="checkbox"/> Emerging</p>	<p>5.B.02</p> <p><input checked="" type="checkbox"/> Classroom Observation</p> <p><input checked="" type="checkbox"/> Family Survey</p> <p><input checked="" type="checkbox"/> Program Portfolio</p>
<p>5.B.03 The program takes steps to ensure food safety in its provision of meals and snacks.</p> <p><input type="checkbox"/> Staff discards foods with expired dates.</p> <p>http://nrc.uchsc.edu/CFOC/HTMLVersion/Chapter_4.html#1023191</p> <p><input type="checkbox"/> The program documents compliance and any corrections that it has made according to the recommendations of the program's health consultant, nutrition consultant, or a sanitarian that reflect consideration of federal and other applicable food safety standards.</p>	<p>5.B.03</p> <p><input checked="" type="checkbox"/> Universal</p> <p><input checked="" type="checkbox"/> Infant</p> <p><input checked="" type="checkbox"/> Toddler/twos</p> <p><input checked="" type="checkbox"/> Preschool</p> <p><input checked="" type="checkbox"/> Kindergarten</p>	<p>5.B.03</p> <p><input type="checkbox"/> Required</p> <p><input checked="" type="checkbox"/> Random</p> <p><input type="checkbox"/> Emerging</p>	<p>5.B.03</p> <p><input checked="" type="checkbox"/> Program Portfolio</p>
<p>5.B.04 For all infants and for children with disabilities who have special feeding needs, program staff keep a daily record documenting the type and quantity of food a child consumes and provide families with that information.</p> <p>a. <i>Caring for Our Children</i>, Chapter 7 - Children Who are Eligible for Services Under IDEA - page 313 contains helps pertaining to children with special needs.</p> <p>Note: NAEYC standards state that a child with identified medical needs for dietary modification or special feeding techniques needs written instructions from a parent that are then carried out accordingly. In order to support these young children the program may want to develop policy and procedures in preparation of enrolling and serving children with special food and nutrition needs and children with special feeding needs (i.e. tube feedings, special utensils etc.).</p>	<p>5.B.04</p> <p><input checked="" type="checkbox"/> Universal</p> <p><input checked="" type="checkbox"/> Infant</p> <p><input checked="" type="checkbox"/> Toddler/twos</p> <p><input checked="" type="checkbox"/> Preschool</p> <p><input checked="" type="checkbox"/> Kindergarten</p>	<p>5.B.04</p> <p><input type="checkbox"/> Required</p> <p><input checked="" type="checkbox"/> Random</p> <p><input type="checkbox"/> Emerging</p>	<p>5.B.04</p> <p><input checked="" type="checkbox"/> Tour</p> <p><input checked="" type="checkbox"/> Family Survey</p>

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<p>5.B.05 For each child with special health care needs or food allergies or special nutrition needs the program shall assure:</p> <p><input type="checkbox"/> The child's health provider gives the program an individualized care plan that is prepared in consultation with family members and specialists involved in the child's care.</p> <p><input type="checkbox"/> The program protects children with food allergies from contact with the problem food.</p> <p><input type="checkbox"/> The program asks families of a child with food allergies to give consent for posting information about that child's food allergy and, if consent is given, then posts that information in the food preparation area and in the areas of the facility the child uses so it is a visual reminder to all those who interact with the child during the program day.</p> <p>a. Use <i>Caring for Our Children</i>, Standard 4.007 regarding dietary modifications.</p> <p>b. Use <i>Caring for Our Children</i>, Standard 4.010 regarding preparing for food allergies</p>	<p>5.B.05</p> <p><input checked="" type="checkbox"/> Universal</p> <p><input checked="" type="checkbox"/> Infant</p> <p><input checked="" type="checkbox"/> Toddler/twos</p> <p><input checked="" type="checkbox"/> Preschool</p> <p><input checked="" type="checkbox"/> Kindergarten</p>	<p>5.B.05</p> <p><input type="checkbox"/> Required</p> <p><input checked="" type="checkbox"/> Random</p> <p><input type="checkbox"/> Emerging</p>	<p>5.B.05</p> <p><input checked="" type="checkbox"/> Tour</p> <p><input checked="" type="checkbox"/> Family Survey</p> <p><input checked="" type="checkbox"/> Child File</p>
<p>5.B.06 Clean sanitary drinking water is made available to children throughout the day (Infants who are fed human milk do not need to be offered water).</p> <p>a. Use <i>Caring for Our Children</i>, Chapter 4 for guidance on accessible safe drinking water.</p> <p>http://nrc.uchsc.edu/CFOC/HTMLVersion/Chapter_4.html</p>	<p>5.B.06</p> <p><input checked="" type="checkbox"/> Universal</p> <p><input checked="" type="checkbox"/> Infant</p> <p><input checked="" type="checkbox"/> Toddler/twos</p> <p><input checked="" type="checkbox"/> Preschool</p> <p><input checked="" type="checkbox"/> Kindergarten</p>	<p>5.B.06</p> <p><input type="checkbox"/> Required</p> <p><input checked="" type="checkbox"/> Random</p> <p><input type="checkbox"/> Emerging</p>	<p>5.B.06</p> <p><input checked="" type="checkbox"/> Tour</p>
<p>5.B.07 Liquids and foods that are hotter than 110 degrees Fahrenheit are kept out of children's reach.</p> <p>a. Using <i>Caring for Our Children</i>, Chapter 4, Standard 4.047 develop guidance on safe food temperatures.</p> <p>http://nrc.uchsc.edu/CFOC/HTMLVersion/Chapter_4.html</p> <p>b. When developing food temperature policy and procedures, review <i>Caring for Our Children</i>, Chapter 4, Standard 4.049 pertaining use of microwave ovens for heating, cooking foods.</p> <p>http://nrc.uchsc.edu/CFOC/HTMLVersion/Chapter_4.html</p>	<p>5.B.07</p> <p><input checked="" type="checkbox"/> Universal</p> <p><input checked="" type="checkbox"/> Infant</p> <p><input checked="" type="checkbox"/> Toddler/twos</p> <p><input checked="" type="checkbox"/> Preschool</p> <p><input checked="" type="checkbox"/> Kindergarten</p>	<p>5.B.07</p> <p><input type="checkbox"/> Required</p> <p><input checked="" type="checkbox"/> Random</p> <p><input type="checkbox"/> Emerging</p>	<p>5.B.07</p> <p><input checked="" type="checkbox"/> Tour</p> <p><input checked="" type="checkbox"/> Teaching Staff Survey</p> <p><input checked="" type="checkbox"/> Program Portfolio</p>
<p>5.B.08</p> <p>If the program provides food to infants, then the program staff work with families (who are informed by their child's health care provider) to ensure that the food is based on the infants' individual nutritional needs and developmental stage.</p> <p>a. <i>Caring for Our Children</i>, feeding infants pages 53 , 103 , 149 , 155-157 , 161 , 168 , 335 , 353</p>	<p>5.B.08</p> <p><input type="checkbox"/> Universal</p> <p><input checked="" type="checkbox"/> Infant</p> <p><input type="checkbox"/> Toddler/twos</p> <p><input type="checkbox"/> Preschool</p> <p><input type="checkbox"/> Kindergarten</p>	<p>5.B.08</p> <p><input type="checkbox"/> Required</p> <p><input checked="" type="checkbox"/> Random</p> <p><input type="checkbox"/> Emerging</p>	<p>5.B.08</p> <p><input checked="" type="checkbox"/> Program Portfolio</p>
<p>5.B.09</p> <p>The program supports breastfeeding by:</p>	<p>5.B.09</p> <p><input type="checkbox"/> Universal</p> <p><input checked="" type="checkbox"/> Infant</p>	<p>5.B.09</p> <p><input type="checkbox"/> Required</p> <p><input checked="" type="checkbox"/> Random</p>	<p>5.B.09</p> <p><input checked="" type="checkbox"/> Teaching Staff Survey</p> <p><input checked="" type="checkbox"/> Program Portfolio</p>

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<input type="checkbox"/> Accepting, storing, and serving expressed human milk for feedings; <input type="checkbox"/> Accepting human milk in ready-to-feed sanitary containers labeled with the infant's name and date and storing it in a refrigerator for no longer than 48 hours (or no more than 24 hours if the breast milk was previously frozen) or in a freezer at 0 degrees Fahrenheit or below for no longer than three months; <input type="checkbox"/> Ensuring that staff gently mix, not shake, the milk before feeding to preserve special infection-fighting and nutritional components in human milk; and <input type="checkbox"/> Providing a comfortable place for breastfeeding and coordinating feedings with the infant's mother. a. Use <i>Caring for Our Children</i> , see section on Breastfeeding, pages 149 , 155-156 , 486 and Human milk pages 149 , 155-156 , 305 , 426 cleaning up spills pages 101-102 discarding pages 158-159 fed to another child, pages 103 feeding, pages 101-102 , 158 , 353 frozen, pages 158-159 infant meal pattern pages 426 labeling pages 159-160 storage pages 160 , 353 warming pages 160	<input type="checkbox"/> Toddler/twos <input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten	<input type="checkbox"/> Emerging	
5.B.10 <input type="checkbox"/> Except for human milk, staff serve only formula and infant food that comes to the facility in factory-sealed containers (e.g., ready-to-feed powder or concentrate formulas and baby food jars) prepared according to the manufacturer's instructions. <i>(This indicator is an Emerging Practice)</i> a. Use <i>Caring for Our Children</i> , Infant feeding: breastfed 156 , nutrition 155-156 and feeding 149 , 155-161 , 166 , 168 , 335 , 353 . Infant meal plans 155 , 426 <input type="checkbox"/> Bottle feedings do not contain solid foods unless the child's health care provider supplies written instructions and a medical reason for this practice. <input type="checkbox"/> Staff discard after one hour any formula or human milk that is served but not completely consumed or is not refrigerated. <input type="checkbox"/> If staff warm formula or human milk, the milk is warmed in water at no more than 120 degrees Fahrenheit for no more than five minutes. a. Use <i>Caring for Our Children</i> , See STANDARD 4.018 , regarding bottle warming	5.B.10 <input type="checkbox"/> Universal <input checked="" type="checkbox"/> Infant <input type="checkbox"/> Toddler/twos <input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten	5.B.10 <input type="checkbox"/> Required <input checked="" type="checkbox"/> Random <input type="checkbox"/> Emerging	5.B.10 <input checked="" type="checkbox"/> Classroom Observation <input checked="" type="checkbox"/> Teaching Staff Survey <input checked="" type="checkbox"/> Program Portfolio

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<input type="checkbox"/> No milk, including human milk, and no other infant foods are warmed in a microwave oven. a. <i>Caring for Our Children</i> , Microwave ovens pages 160 , 173 See STANDARD 4.018 for prohibition of use of microwave ovens to warm infant feedings.			
5.B.11 <input type="checkbox"/> Teaching staff do not offer solid foods and fruit juices to infants younger than six months of age, unless that practice is recommended by the child's health care provider and approved by families. <input type="checkbox"/> Sweetened beverages are avoided. <input type="checkbox"/> If juice (only 100% fruit juice is recommended) is served, the amount is limited to no more than four ounces per child daily. a. Use <i>Caring for Our Children</i> , Nutrition for Infants, STANDARD 4.011 through STANDARD 4.021 ; Nutrition for Toddlers and Preschoolers, STANDARD 4.022 through STANDARD 4.024 ;	5.B.11 <input type="checkbox"/> Universal <input checked="" type="checkbox"/> Infant <input type="checkbox"/> Toddler/twos <input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten	5.B.11 <input type="checkbox"/> Required <input checked="" type="checkbox"/> Random <input type="checkbox"/> Emerging	5.B.11 <input checked="" type="checkbox"/> Classroom Observation <input checked="" type="checkbox"/> Program Portfolio
5.B.12 <input type="checkbox"/> Teaching staff who are familiar with the infant feed him or her whenever the infant seems hungry. a. <i>Caring for Our Children</i> , caregiver relationships 52-53 , Standard 4.013 addresses consistent caregiver for feeding, page 157 <input type="checkbox"/> Feeding is not used in lieu of other forms of comfort. a. <i>Caring for Our Children</i> , infant caregiver relationship pages 52-53	5.B.12 <input type="checkbox"/> Universal <input checked="" type="checkbox"/> Infant <input type="checkbox"/> Toddler/twos <input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten	5.B.12 <input type="checkbox"/> Required <input checked="" type="checkbox"/> Random <input type="checkbox"/> Emerging	5.B.12 <input checked="" type="checkbox"/> Classroom Observation
5.B.13 <input type="checkbox"/> The program does not feed cow's milk to infants younger than 12 months, and it <input type="checkbox"/> Serves only whole milk to children of ages 12 months to 24 months. a. Use <i>Caring for Our Children</i> , Standard 4.020 regarding guidance on feeding cow's milk, page 161	5.B.13 <input type="checkbox"/> Universal <input checked="" type="checkbox"/> Infant <input checked="" type="checkbox"/> Toddler/twos <input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten	5.B.13 <input type="checkbox"/> Required <input checked="" type="checkbox"/> Random <input type="checkbox"/> Emerging	5.B.13 <input checked="" type="checkbox"/> Program Portfolio
5.B.14 Staff do not offer children younger than four years these foods: hot dogs, whole or sliced into rounds; whole grapes; nuts; popcorn; raw peas and hard pretzels; spoonfuls of peanut butter; or chunks of raw carrots or meat larger than can be swallowed whole. <input type="checkbox"/> Staff cut foods into pieces no larger than 1/4-inch square for infants and 1/2-inch square for toddlers/twos, according to each child's chewing and swallowing capability. a. <i>Caring for Our Children</i> , Chapter 4, Section 4.3 Requirements for Special Groups or Ages Of Children, page 155 Standard 4.22 begins to outline feeding of toddlers and preschool age children.	5.B.14 <input type="checkbox"/> Universal <input checked="" type="checkbox"/> Infant <input checked="" type="checkbox"/> Toddler/twos <input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten	5.B.14 <input type="checkbox"/> Required <input checked="" type="checkbox"/> Random <input type="checkbox"/> Emerging	5.B.14 <input checked="" type="checkbox"/> Classroom Observation <input checked="" type="checkbox"/> Program Portfolio

Standard 5: NAEYC Accreditation Criteria for Health Standard	Age Group	Assessment Category	How Standard and Criteria Will be Assessed
Standard 4.037 identifies foods that pose choking hazards.			
<p>5.B.15 The program prepares written menus, posts them where families can see them, and has copies available for families.</p> <p><input type="checkbox"/> Menus are kept on file for review by consultant described in criterion 5.A.02.</p> <p>a. Use <i>Caring for Our Children</i>, Chapter 4, Section 4.2 regarding general nutrition requirements. http://nrc.uchsc.edu/CFOC/HTMLVersion/Chapter_4.html#1022408 and view the Index for Menus pages: 152-153 , 168 , 374-377 , 411 , 427</p>	<p>5.B.15</p> <p><input type="checkbox"/> Universal</p> <p><input type="checkbox"/> Infant</p> <p><input checked="" type="checkbox"/> Toddler/twos</p> <p><input checked="" type="checkbox"/> Preschool</p> <p><input checked="" type="checkbox"/> Kindergarten</p>	<p>5.B.15</p> <p><input type="checkbox"/> Required</p> <p><input checked="" type="checkbox"/> Random</p> <p><input type="checkbox"/> Emerging</p>	<p>5.B.15</p> <p><input checked="" type="checkbox"/> Tour</p> <p><input checked="" type="checkbox"/> Program Portfolio</p>
<p>5.B.16 The program serves meals and snacks at regularly established times.</p> <p><input type="checkbox"/> Meals and snacks are at least two hours apart but not more than three hours apart.</p> <p>a. Use <i>Caring for Our Children</i> pages: 18 , 31 , 150 for toddlers/ preschoolers; pages 162 , 427 for school-age children pages 163 , 427</p>	<p>5.B.16</p> <p><input type="checkbox"/> Universal</p> <p><input type="checkbox"/> Infant</p> <p><input checked="" type="checkbox"/> Toddler/twos</p> <p><input checked="" type="checkbox"/> Preschool</p> <p><input checked="" type="checkbox"/> Kindergarten</p>	<p>5.B.16</p> <p><input type="checkbox"/> Required</p> <p><input checked="" type="checkbox"/> Random</p> <p><input type="checkbox"/> Emerging</p>	<p>5.B.16</p> <p><input checked="" type="checkbox"/> Program Portfolio</p>
Topic Area: 5.C: Maintaining Healthful Environment			
<p>5.C.01 The routine frequency of cleaning and sanitizing all surfaces in the facility is consistent with the Cleaning and Sanitation Frequency Table (<i>found in Caring for Our Children</i>, page 106).</p> <p><input type="checkbox"/> Ventilation and sanitation should be used rather than using air sprays, air freshening chemicals, or deodorizers to control odors in inhabited areas of the facility and in custodial closets.</p> <p>a. Programs that want to develop written policy and procedures around frequency of cleaning should consult <i>Model Child Care Health Policies</i>, page 18 and Appendix R.</p> <p>c. Use guidelines in <i>Caring for Our Children</i>, http://nrc.uchsc.edu/CFOC/HTMLVersion/Chapter_3.html Section 3.3 Sanitation, Disinfection, and Maintenance, page 104. Begin with STANDARD 3.028, scrolling down the webpage from Standard 3.028 you find Standard 3.030 which contains a table outlining frequency for cleaning and sanitation.</p>	<p>5.C.01</p> <p><input checked="" type="checkbox"/> Universal</p> <p><input checked="" type="checkbox"/> Infant</p> <p><input checked="" type="checkbox"/> Toddler/twos</p> <p><input checked="" type="checkbox"/> Preschool</p> <p><input checked="" type="checkbox"/> Kindergarten</p>	<p>5.C.01</p> <p><input type="checkbox"/> Required</p> <p><input checked="" type="checkbox"/> Random</p> <p><input type="checkbox"/> Emerging</p>	<p>5.C.01</p> <p><input checked="" type="checkbox"/> Program Portfolio</p>
<p>5.C.02 Procedures for standard precautions are used and include the following:</p> <p><input type="checkbox"/> Surfaces that may come in contact with potentially infectious body fluids must be disposable or made of a material that can be sanitized.</p> <p>a. See STANDARD 3.026, for information regarding exposure to blood and bodily fluids.</p> <p><input type="checkbox"/> Staff use barriers and techniques that minimize contact of mucous membranes or of openings in skin with potentially infectious body fluids and that reduce the spread of infectious disease.</p> <p><input type="checkbox"/> When spills of body fluids occur, staff cleans them up immediately with detergent followed by water rinsing.</p>	<p>5.C.02</p> <p><input checked="" type="checkbox"/> Universal</p> <p><input checked="" type="checkbox"/> Infant</p> <p><input checked="" type="checkbox"/> Toddler/twos</p> <p><input checked="" type="checkbox"/> Preschool</p> <p><input checked="" type="checkbox"/> Kindergarten</p>	<p>5.C.02</p> <p><input type="checkbox"/> Required</p> <p><input checked="" type="checkbox"/> Random</p> <p><input type="checkbox"/> Emerging</p>	<p>5.C.02</p> <p><input checked="" type="checkbox"/> Classroom Observation</p> <p><input checked="" type="checkbox"/> Program Portfolio</p>

Standard 5: NAEYC Accreditation Criteria for Health Standard	Age Group	Assessment Category	How Standard and Criteria Will be Assessed
<p><input type="checkbox"/> After cleaning, staff sanitizes nonporous surfaces by using the procedure for sanitizing designated changing surfaces described in the Cleaning and Sanitation Frequency Table, p. 51.</p> <p><input type="checkbox"/> Staff clean rugs and carpeting by blotting, spot cleaning with a detergent-disinfectant, and shampooing or steam cleaning.</p> <p><input type="checkbox"/> Staff dispose of contaminated materials and diapers in a plastic bag with a secure tie that is placed in a closed container.</p> <p>a. Caring for Our Children, STANDARD 3.033, gives guidance for waste receptacles.</p> <p><i>Note: The DPH Food and Drug Program recommends the use of regular household bleach and cool tap water for sanitizing surfaces and items found in child care and early education. The ratio of bleach to water is found in Caring for Our Children STANDARD 3.026. In addition, programs may also use EPA certified disinfectant as an alternative to the bleach solution.</i></p> <p><i>Note: EEC regulations state that disposable gloves should be accessible throughout the facility. Disposable gloves are required for all contact with blood or other body fluids. Gloves should easily be seen in each child occupied area.</i></p> <p><i>Note: Many disposable gloves are made with Latex. There are increasing numbers of people with sensitivity/allergy to Latex products. Program directors should consider the possibility of Latex sensitivity/allergy when purchasing disposable gloves.</i></p> <p><i>Note: There is a federal Occupational Health and Safety Administration (OSHA) requirement for all employees that may have exposure to blood or body fluids in the course of conducting their usual job duties i.e. First aid. OSHA requires employees to annually complete 1 hour training on Universal Precautions and Exposure Control Plans.</i></p>			
<p>5.C.03 A toy that a child has placed in his or her mouth or that is otherwise contaminated by body secretion or excretion is either to be (1) washed by hand using water and detergent, then rinsed, sanitized, and air dried or (2) washed and dried in a mechanical dishwasher before it can be used by another child.</p> <p>a. Write a policy about cleaning and sanitizing toys using <i>Model Child Care Health Policies</i>, page 19, toys and <i>Caring for Our Children</i>, http://nrc.uchsc.edu/CFOC/HTMLVersion/Chapter_3.html. See the section for toys and objects that young children (infants and toddlers) place in mouth shall be cleaned and sanitized, as stated in STANDARD 3.036 through STANDARD 3.038.</p> <p>b. Programs may also want to:</p> <p>c. Post the cleaning schedule in areas designated for cleaning toys or other objects. Do not use diaper changing or handwashing sinks for cleaning of toys.</p> <p>d. Orient all staff to the proper cleaning procedure for toys or other objects that may be placed in a child's mouth.</p>	<p>5.C.03</p> <p><input checked="" type="checkbox"/> Universal</p> <p><input checked="" type="checkbox"/> Infant</p> <p><input checked="" type="checkbox"/> Toddler/twos</p> <p><input checked="" type="checkbox"/> Preschool</p> <p><input checked="" type="checkbox"/> Kindergarten</p>	<p>5.C.03</p> <p><input type="checkbox"/> Required</p> <p><input checked="" type="checkbox"/> Random</p> <p><input type="checkbox"/> Emerging</p>	<p>5.C.03</p> <p><input checked="" type="checkbox"/> Classroom Observation</p> <p><input checked="" type="checkbox"/> Program Portfolio</p>

Standard 5: NAEYC Accreditation Criteria for Health Standard	Age Group	Assessment Category	How Standard and Criteria Will be Assessed
<p>5.C.04 Staff maintain areas used by staff or children who have allergies or any other special environmental health needs according to the recommendations of health professionals.</p> <p>a. Review <i>Caring for Our Children</i>, Standard 3.034 for selection of materials that may pose environmental related risk for staff and children. http://nrc.uchsc.edu/CFOC/HTMLVersion/Chapter_3.html</p> <p>b. Program should consider using an Asthma Action Plan for children with asthma. The Massachusetts Health Quality Partners have a plan available on their website: http://www.mhqp.org/guidelines/pedAsthma/pedAsthmaActionPlan.PDF</p>	<p>5.C.04</p> <p><input checked="" type="checkbox"/> Universal <input checked="" type="checkbox"/> Infant <input checked="" type="checkbox"/> Toddler/twos <input checked="" type="checkbox"/> Preschool <input checked="" type="checkbox"/> Kindergarten</p>	<p>5.C.04</p> <p><input type="checkbox"/> Required <input checked="" type="checkbox"/> Random <input type="checkbox"/> Emerging</p>	<p>5.C.04</p> <p><input checked="" type="checkbox"/> Program Portfolio</p>
<p>5.C.05 Classroom pets or visiting animals appear to be in good health.</p> <p><input type="checkbox"/> Pets or visiting animals shall have documentation from a veterinarian or an animal shelter to show that the animals are fully immunized and that the animal is suitable for contact with children.</p> <p><input type="checkbox"/> Teaching staff supervise all interactions between children and animals and instruct children on safe behavior when in close proximity to animals.</p> <p><input type="checkbox"/> Program staff makes sure that any child who is allergic to a type of animal is not exposed to that animal.</p> <p><input type="checkbox"/> Reptiles are not allowed as classroom pets because of the risk for salmonella infection.</p> <p>a. Use a Child Injury / Incident Report Form for any incidents involving staff or children and animals. Child Injury / Incident Report Forms are available at no cost from the Department of Early Education and Care at: http://www.eec.state.ma.us/docs/GCCSACCInjuryIllnessReportForm.pdf</p> <p>b. Programs that want to develop written policy regarding pets and visiting animals should use:</p> <p>c. <i>Model Child Care Health Policies</i>, page 18, Pets</p> <p>d. <i>Caring for Our Children</i> http://nrc.uchsc.edu/CFOC/HTMLVersion/Chapter_3.html for Standards 3.020, 3.042, 3.043, 3.044, and http://nrc.uchsc.edu/CFOC/HTMLVersion/Chapter_5.html for Standard 5.070</p>	<p>5.C.05</p> <p><input checked="" type="checkbox"/> Universal <input checked="" type="checkbox"/> Infant <input checked="" type="checkbox"/> Toddler/twos <input checked="" type="checkbox"/> Preschool <input checked="" type="checkbox"/> Kindergarten</p>	<p>5.C.05</p> <p><input type="checkbox"/> Required <input checked="" type="checkbox"/> Random <input type="checkbox"/> Emerging</p>	<p>5.C.05</p> <p><input checked="" type="checkbox"/> Classroom Observation <input checked="" type="checkbox"/> Program Portfolio</p>
<p>5.C.06</p> <p><input type="checkbox"/> Before walking on surfaces that infants use specifically for play, adults and children remove, replace, or cover with clean foot coverings any shoes they have worn outside that play area.</p> <p><input type="checkbox"/> If children or staff are barefoot in such areas, their feet are visibly clean.</p> <p>a. Use <i>Caring for Our Children</i>, Standard 3.035, page 108</p>	<p>5.C.06</p> <p><input type="checkbox"/> Universal <input checked="" type="checkbox"/> Infant <input type="checkbox"/> Toddler/twos <input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten</p>	<p>5.C.06</p> <p><input type="checkbox"/> Required <input checked="" type="checkbox"/> Random <input type="checkbox"/> Emerging</p>	<p>5.C.06</p> <p><input checked="" type="checkbox"/> Tour</p>

Reference Texts:

American Academy of Pediatrics and American Public Health Association, *Caring for Our Children - The National Health and Safety in Child Care Performance Standards*, Second Edition, 2002. <http://nrc.uchsc.edu/CFOC/index.html>

Aronson, Susan M.D., *Model Child Care Health Policies*, Healthy Child Care Pennsylvania, Pennsylvania Chapter of the American Academy of Pediatrics, Fourth Edition, 2002. <http://www.ecels-healthychildcarepa.org/content/MHP4thEd%20Total.pdf> or purchase at www.naeyc.org

Aronson, Susan, M.D., and Spahr, Patricia, *Healthy Young Children a Manual for Programs*, 2002 Edition, National Association for the Education of Young Children, www.naeyc.org

Additional Web Resources:

Asthma and Allergy Foundation of America www.aafa.org

Massachusetts Department of Public Health: <http://www.mass.gov/dph>

Massachusetts Department of Early Education and Care: <http://www.eec.state.ma.us/>

Massachusetts Child Care Resource and Referral Network <http://www.masschildcare.org/>

California Childcare Health Program <http://www.ucsfchildcarehealth.org/>

Supplementary Text Resources:

Crowley, A. A. (2004). Improving child and family health through child care health consultation. Beatrice Benfield-Yale School of Nursing Clinical Research Initiatives Fund. Unpublished report.

Gaines, S. K., Rice, M. S. & Carmon, M. C. (1993). A model of health care delivery in a child day-care setting. *Public Health Nursing*, 10 (3): 166-169.

Ulione, M. S. (1997). Health promotion and injury prevention in a child development center. *Journal of Pediatric Nursing: Nursing Care of Children and Families*, 12 (3):148-154.